



**STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
Aging and Disability Services  
Aging and Long-Term Support Administration  
PO Box 45600, Olympia, WA 98504-5050**

March 26, 2013

**CERTIFIED MAIL 7007 1490 0003 4202 1921**

Elena Nutu  
Lilis Family Care  
12822 118<sup>th</sup> Ave Ct E  
Puyallup, WA 98373

Adult Family Home License #629000

**IMPOSITION OF CONDITIONS ON A LICENSE AND  
IMPOSITION OF CIVIL FINE**

Dear Ms. Nutu:

This letter constitutes formal notice of the imposition of a civil fine and imposition of a condition on a license for your adult family home, located at **12822 118<sup>th</sup> Ave Ct E, Puyallup**, by the State of Washington, Department of Social and Health Services, pursuant to the Revised Code of Washington (RCW) 70.128.160 and Washington Administrative Code 388-76-10940.

The imposition of civil fine is based on the following violation(s) of the Revised Code of Washington (RCW) and Washington Administrative Code (WAC) regulations found by the department at your adult family home. These and other deficiencies are more fully described in the attached Statement of Deficiencies report completed by the department on March 21, 2013.

**WAC 388-76-10430(1)(2)(c)(d) Medication system.**

**\$1,000.00**

**The provider failed to ensure a safe and accurate medication system for five residents that met the residents' medication needs.**

The imposition of conditions on a license is based on the following violation(s) of the Revised Code of Washington (RCW) and Washington Administrative Code (WAC) regulations found by the department at your adult family home. These and other deficiencies are more fully described in the attached Statement of Deficiencies report completed by the department on March 21, 2013.

**WAC 388-76-10430(1)(2) Medication system.**

**The provider failed to ensure a safe and accurate medication system for five residents that met the residents' medication needs.**

**WAC 388-76-10450(3)(a) Medication – Self-administration with assistance.**

**The provider failed to ensure set-up assistance of medication just before medications were given to five residents.**

**WAC 388-76-10475(1)(3)(a) Medication - Log.**

**The provider failed to ensure staff who assisted residents with taking prescribed and over the counter medication was the person documenting in the Medication Administration Record (MAR) for five residents and documented in the MAR on the date and at the time when medications were given.**

The department, based on the findings of the inspection, has determined that the following condition(s) shall be placed on your adult family home:

- *The licensee will hire at her own expense by April 1, 2013, a registered nurse consultant to come to the home and develop and implement a safe medication system that meets the needs of residents. The nurse consultant will:*
  - *Assess all resident medication orders, medication records, and pharmacy records, and make changes to ensure they are in compliance with Adult Family Home laws and rules relating to medication systems;*
  - *Train the provider and staff on the developed system and ensure they have the knowledge and skills for ongoing safe medication administration, including medication set up and documentation on logs; and*
  - *Monitor the adult family home medication system on a weekly basis.*
- *Consultant will be available to the department for questioning.*
- *The condition will remain in effect until the licensee is back in compliance.*
- *The licensee must post the condition in a visible place in the home accessible to residents and visitors.*
- *Licensee must post the license with the enclosed Notice of Conditions of Operation in the adult family home in a location accessible to residents and visitors.*

The effective date of the conditions on your license is March 26, 2013. As provided in RCW 70.128.160(4), WAC 388-76-10995, and WAC 388-76-10990, the effective date of the conditions on your license will not be postponed pending an administrative hearing or informal dispute resolution review.

You may contest the civil fine and conditions on your license by requesting an administrative hearing. The Office of Administrative Hearings must receive your written request for a hearing within twenty-eight (28) calendar days following your receipt of this letter.

A copy of this letter and a copy of the enclosed Statement of Deficiencies must be included with your request. Send your request to:

Office of Administrative Hearings  
PO Box 42489  
Olympia, Washington 98504-2489

As provided in RCW 70.128, you may request an informal dispute resolution review of enforcement actions initiated in response to a Statement of Deficiencies report. During the informal dispute resolution process you also have the right to present written evidence refuting this action. A request for informal dispute resolution review will not change the deadline for you to request an administrative hearing. Informal dispute resolution review by the department is not binding in an administrative hearing.

To request an informal dispute resolution review, send your written request to:

Informal Dispute Resolution Program Manager  
Aging and Disability Services Administration  
PO Box 45600  
Olympia, Washington 98504-5600  
Fax (360) 725-2645

The written request should:

- Identify the citation and/or enforcement action that is disputed;
- Explain why the home is disputing the action;
- Indicate the type of dispute resolution process you prefer (direct meeting, telephone conference or documentation review); and
- Be sent within 10 working days of your receipt of this notice.

A request for informal dispute resolution review will not change the deadline for you to request an administrative hearing. Informal dispute resolution review by the department is not binding in an administrative hearing.

If no hearing is requested, the fine is due twenty-eight (28) calendar days after receipt of this notice. Please remit a check for **\$1,000.00** payable to the Department of Social and Health Services. The check should be sent to:

DSHS Office of Financial Recovery  
PO Box 9501  
Olympia, Washington 98507-9501

If payment has not been received within twenty-eight (28) days after receipt of this notice, interest will begin to accrue on the balance at the rate of one percent per month. If you do not submit a hearing request or make payment within twenty-eight (28) days, the balance due the department will be recovered.

**Plan of Correction/Attestation**

**You must:**

Return the plan/attestation, on the enclosed report, within **10 calendar days** after you receive this letter. Include the following in your plan for each deficiency:

- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency. Send your Plan of Correction to:

Dahl Kim, Field Manager  
District 3, Unit A  
1949 S. State St  
MS: N27-24  
Tacoma, WA 98405-2850  
Phone: (253) 983-3826/ Fax: (253) (253) 589-7240

If you have any questions, please call Dahl Kim at (253) 983-3826.

Sincerely,

Lori Melchiori, Ph.D  
Assistant Director  
Residential Care Services

cc: Bett Schlemmer, Compliance Specialist  
Field Manager, District 3, Unit A  
RCS District Administrator, District 3  
HCS Regional Administrator, Region 3  
DDD Regional Administrator, Region 3  
WA LTC Ombudsman  
Area Agency on Aging, AAA - Pierce  
Medicaid Fraud Control Unit  
Judi Plesha, HCS  
HQ Central File  
DS